



Toxicology & Regulatory Affairs
7140 Heritage Village Plaza
Gainesville, VA 20155-3061
USA

Phone: (703) 754-0248

Fax: (703) 310-6950

July 5, 2019

Document Processing Desk (DCI/AD)
ATTN: Re-evaluation Team Leader, PM 36
US Environmental Protection Agency (7510P)
One Potomac Yard (South Building)
2777 South Crystal Drive
Arlington, VA 22202-4501

Re: Medentech, Ltd. 90-Day Response to GDCI-081404-1795

Dear Richard Fehir,

On behalf of our client, Medentech Ltd. we are hereby submitting the 90-day response to the Sodium dichloro-s-triazinetriene GDCI-081404-1795. Medentech's products qualify for Generic Data Exemption, which is reflected on the enclosed Data Call-in Response Form.

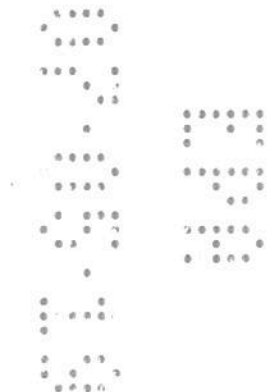
If you have any questions or require additional information, please do not hesitate to contact me. I can be reached via e-mail at Nicole.Perkinson@toxcel.com or by phone at (703) 754-0248 x8123.

Sincerely,

Nicole Perkinson
Authorized Representative of Medentech Ltd.
toXcel, LLC

Enclosure

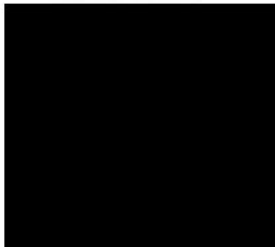
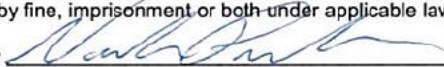
CC: S. Whelan (Medentech, Ltd.)
C. Welch (toXcel, LLC)



United States Environmental Protection Agency
Washington, D.C. 20460
DATA CALL-IN RESPONSE

OMB Approval 2070-0174
EPA FORM 6300-4

INSTRUCTIONS: Please type or print in ink. Please read carefully the attached instructions and supply the information requested on this form.
Use additional sheet(s) if necessary.

1. Company Name and Address MEDENTECH LTD. 7140 HERITAGE VILLAGE PLAZA GAINSVILLE, VA 20155		2. Case # and Name 0569 - Sodium dichloro-s-triazinetriene Chemical # and Name: 081404 Sodium dichloro-s-triazinetriene		3. Date and Type of DCI and Number 17-Jun-2019 GENERIC ID # GDCI-081404-1795	
4. EPA Product Registration	5. I wish to cancel this product registration voluntarily	6. Generic Data		7. Product Specific Data	
		6a. I am claiming a Generic Data Exemption because I obtain the active ingredient from the source EPA registration number listed below.	6b. I agree to satisfy Generic Data Requirements as indicated on the attached form entitled "Requirements Status and Registrant's Response."	7a. My product is an MUP and I agree to satisfy the MUP requirement on the attached form entitled "Requirements Status and Registrant's Response."	7b. My product is an EUP and I agree to satisfy the EUP requirement on the attached form entitled "Requirements Status and Registrant's Response."
71847-2				N/A	N/A
71847-3				N/A	N/A
71847-4				N/A	N/A
71847-6				N/A	N/A
71847-7				N/A	N/A
Product ingredient source information may be entitled to confidential treatment					
8. Certification: I certify that the statements made on this form and all attachments are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine, imprisonment or both under applicable law. Signature and Title of Company's Authorized Representative  Agent					9. Date 7/5/19
10. Name of Company Medentech Ltd.					11. Phone Number 703-754-0248 x8123